



# FAYETTE COUNTY PARKS & RECREATION DEPARTMENT

## 2015 SUMMER DAY CAMPS REGISTRATION FORM

This registration form is required to register for the following Summer Day Camps:

- Science Camp
- Arts & Crafts Camp
- Engineering for Kids Camps (all ages)
- Lego Engineering (all ages)

Goals and Guiding Philosophy

- New Challenges.
- Activities in a safe environment.
- Non-competitive environment.
- Team work and fair play.
- Valued by staff & recognized.
- Exposed to different cultures and values.
- Recognized as an individual.
- Exposed to non-traditional activities and adventures.
- Safety is the primary concern in the counselor's mind at all times.



PRIMARY CAMP LOCATION:  
KIWANIS CENTER  
936 REDWINE ROAD, FAYETTEVILLE

CAMP COORDINATOR: MIKE SWANSON  
PHONE: 770-716-4324  
RECREATION@FAYETTECOUNTYGA.GOV

OFFICE: 980 REDWINE ROAD  
FAYETTEVILLE, GEORGIA 30215

MAIL: 140 STONEWALL AVENUE WEST  
FAYETTEVILLE, GEORGIA 30214

WEBSITE: WWW.FAYETTECOUNTYGA.GOV

**FAYETTE COUNTY PARKS & RECREATION DEPARTMENT  
2015 SUMMER DAY CAMP  
REGISTRATION FORM**

Name of child\_\_\_\_\_ Gender\_\_\_\_\_ Age\_\_\_\_\_

Address\_\_\_\_\_ Birth Date\_\_\_\_\_

City\_\_\_\_\_ County\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

School\_\_\_\_\_ Last Grade Completed\_\_\_\_\_

Primary Phone\_\_\_\_\_ Primary Email\_\_\_\_\_

I live in the following area listed below:

**Please circle one of the following:**

Unincorporated Fayette County

City of Fayetteville

Town of Brooks

Peachtree City

Town of Tyrone

Town of Woolsey

Another County **(Add 50% Surcharge)**

**Please list below Mother, Father, Legal Guardian(s), Caregiver(s) :**

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ Work/Cell\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ Work/Cell\_\_\_\_\_

In case of emergency call: Name\_\_\_\_\_ Phone\_\_\_\_\_

Clinic or Physician: Name\_\_\_\_\_ Phone\_\_\_\_\_

Participant Name	Age	Course Code/Name	Date	Time	Fee

List any known allergies: \_\_\_\_\_

List any medication participant is taking: \_\_\_\_\_

Does participant need to take any medicine during camp hours? **Yes\***\_\_\_\_\_ No\_\_\_\_\_

**\*IF ANSWERING YES, then please complete the Medication Information Forms (pg. 5 & 6) .**

**Don't forget to complete all 6 pages!**

Does participant need a modification (due to disability) to enjoy this program?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Participant covered under a health insurance plan? Yes\_\_\_\_\_ No\_\_\_\_\_

Name of major medical health insurance company:\_\_\_\_\_

List any current injury/illness:\_\_\_\_\_

List in detail any disabilities, special needs or medical needs the participant may have (i.e. spina bifida; cerebral palsy; mental retardation; behavior disabilities; vision, hearing or speech problems; mobility aids; etc.):\_\_\_\_\_

Does participant have seizures? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe in detail. Give date of most recent seizure, including symptoms leading up to the seizure and following the seizure and any know causes of seizures: \_\_\_\_\_

*The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of the above name agency to seek immediate medical attention for my child. I have received a copy of the 2010 Policy Statement (Department Brochure) and Day Camp Parent Handbook and agree to abide by the stated policies.*

*I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of my child in any form whatsoever for use in the Fayette County Parks & Recreation newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the Fayette County Parks and Recreation Department. Consent is also granted for any use of my name in any part of those publications listed above. I have read this document and am fully aware of the content and implications, legal and otherwise.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_

### CAMPER INFORMATION SHEET

#### Pick Up Authorization:

The following people (**18 years or older**) are authorized to pick up my child from the Fayette County Parks and Recreation Department program. I understand my child will be allowed to leave with these individuals only. **Identification will be required.** Pick up authorization must be made in writing and cannot be phoned in.

**\*\*Parents/Guardians, please include yourselves.\*\***

Name of Authorized Person	Phone Number(s)	Address	Relationship

I give permission for the following information to be made available to camp staff (including instructors). Please include information such as food allergies and other information you feel is important they know.

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PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

**Fayette County Parks & Recreation Department  
Medical Release Form**

Participant's Name \_\_\_\_\_

Being fully aware of the risk of bodily injury, the undersigned does further agree that the participant assumes the risk of danger involved in the program. Being desirous of arranging for the medical care and treatment of my minor child during his/her participation in the above mentioned program, do hereby authorize the Fayette County Parks & Recreation Parks & Department to act in the following matters in behalf, place and stead:

- a. To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health or medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other practitioner of a healing art;
- b. To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. It is understood, however, that if hospitalization or treatment of a more serious nature is required I will be contacted, if at all possible, by telephone for permission. The physician, organizers, directors, agents, or employees of the Fayette County Board of Commission are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, damage to person or property during the event of the program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring suit with respect to any such injury or damage. This Medical Authorization shall remain effective until such time as the program has been completed. I, the undersigned, am a Parent, Legal Guardian or Caregiver of the above specified minor. I have read and fully understand the provisions of the above releases and have explained them the said minor. I hereby agree that I and said minor will be bound thereby. The Fayette County Parks & Recreation Department does not discriminate on the basis of handicapped status or access to, or treatment or employment in, its programs or activities.

\_\_\_\_\_  
**PRINTED NAME** OF PARENT/GUARDIAN

\_\_\_\_\_  
**SIGNATURE** OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**MAILING ADDRESS:**

Fayette County Parks & Recreation  
ATTN: Camp Registration  
140 Stonewall Avenue, West  
Fayetteville, GA 30214

**MEDICATION INFORMATION FORM**

WILL CAMP STAFF NEED TO ADMINISTER MEDICATION TO CAMPS DURING CAMP HOURS? (Circle one) YES\* / NO

\*IF ANSWERING YES ABOVE, THEN CONTINUE FILLING OUT THIS PAGE AND THE DISPENSING SCHEDULE (NEXT PAGE) FOR EACH MEDICATION.

NAME OF CAMPER TAKING MEDICATION:\_\_\_\_\_

LEGAL PARENT/GUARDIAN/PRIMARY CAREGIVER:\_\_\_\_\_

\_\_\_\_\_

EMPLOYER:\_\_\_\_\_PHONE NUMBER:\_\_\_\_\_

NAME OF MEDICATION(S) - THIS SHOULD MATCH PRESCRIBED CONTAINER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOCTOR PRESCRIBING MEDICATION:\_\_\_\_\_

DOCTOR'S PHONE NUMBER:\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_PHONE NUMBER:\_\_\_\_\_

I (Mother, Father, Legal Guardian or Care giver) of the above named participant, assume all risk and hazards incidental to (my/the participant's) participation in programs and activities sponsored by the Fayette County Parks & Recreation Department during the year of 2015 . I hereby, for myself my heirs, executors and administrators waive and release any and all rights and claims for damages against Fayette County Board of Commission and its employees, representatives, successors and assigns for any and all injuries suffered by myself of the above name participant at any activity sponsored by this group.

\_\_\_\_\_  
**PRINTED NAME** OF PARENT/GUARDIAN

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
**SIGNATURE** OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

(CONTINUED ON NEXT PAGE)

MEDICATION DISPENSING SCHEDULE  
(Use separate form for each medication.)

CAMPER NAME: \_\_\_\_\_

WEEK OF: \_\_\_\_\_ TO \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

DIRECTIONS INDICATED ON THE PRESCRIBED CONTAINER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADVERSE REACTION(S) IF MEDICATION IS NOT TAKEN AS PRESCRIBED AND INDICATED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIRECTIONS FOR MEDICATIONS TO BE GIVEN ON SET SCHEDULE:

1. Do not leave any lines/boxes blank except for the "STAFF INT. box (gray columns). Those columns are for the staff to initial after the medication has been administered.
2. You must use a different form for each medication.
3. You must also put the exact time and date in the boxes.
4. This form must also be used for aspirin, benadryl, or any other over the counter medication (non-prescription).

TIME	MON.	STAFF INT.	TUES.	STAFF INT.	WED.	STAFF INT.	THUR.	STAFF INT.	FRI.	STAFF INT.
9 AM										
10 AM										
11 AM										
NOON										
1 PM										
2 PM										

PLEASE NOTE THAT MEDICATION WILL NOT BE DISPENSED IN THE FOLLOWING SITUATIONS:

- \* If this form(s) is not completely filled out. All blanks must be filled in or crossed out (except gray columns for staff initials).
- \* If form(s) is not signed by legal parent/guardian/caregiver.
- \* If medication is not in original container, the one from the pharmacist with a current date.
- \* If dispenser is not provided with camper's name clearly marked on it.